

**Carolinas CARE Partnership
Request for Proposals**

**Housing Opportunities for Persons with AIDS
(HOPWA)**

Program Year July 1, 2017 – June 30, 2018

For

**Cabarrus, Gaston, Iredell, Lincoln, Mecklenburg, Rowan
and Union (NC), and Chester, Lancaster, and York (SC) Counties**

Proposals must be received on or before:

Friday, March 10, 2017

5:00 PM

**Wendy Bashore, City of Charlotte Neighborhood and Business Services
600 East Trade Street (Old City Hall)
Charlotte, NC 28202**

Please note: Submit one original with signatures, one copy, and one electronic copy sent to
wbashore@ci.charlotte.nc.us

Proposals may be mailed, sent by overnight express, or hand-delivered.

Faxed applications will not be accepted.

Funding Notifications will be made during the Summer of 2017

Letter of Intent due

Wednesday, February 8, 2017

5:00 PM

**Wendy Bashore, City of Charlotte Neighborhood and Business Services
wbashore@ci.charlotte.nc.us**

See page 13 for LOI Form

Optional Question and Answer Session

Friday, February 10, 2017 at 10 am

Wilmore Conference Room

600 East Trade Street (Old City Hall)

Charlotte, NC 28202

This meeting is not mandatory but it is offered for your convenience. Please indicate on the Letter of Intent whether or not your agency plans to attend.

GUIDELINES HOPWA APPLICATION

Purpose

The HOPWA Program was established by the Department of Housing of Urban Development (HUD) to address the specific needs of persons living with HIV/AIDS and their families. HUD distributes HOPWA program funds using a statutory formula that relies on AIDS statistics (cumulative AIDS cases and area incidence) from the Centers for Disease Control and Prevention.

The purpose of the HOPWA Program is to provide resources to devise long-term comprehensive strategies for meeting the housing needs of persons living with HIV and AIDS and their families. HOPWA funds may be used to assist all forms of housing designed to prevent homelessness.

In 1998, the six-county Metropolitan Statistical Area (MSA) that included Cabarrus, Gaston, Mecklenburg, Rowan, Union and York (S.C.) Counties reported more than 1,500 cases of AIDS and became a separate HUD entitlement area. The federal grantee for this region is the City of Charlotte, which designated the Carolinas CARE to be the administrator for housing-specific HOPWA services for the region. In 2014 the MSA was changed to include **Cabarrus, Gaston, Iredell, Lincoln, Mecklenburg, Rowan and Union Counties (NC) and Chester, Lancaster, and York Counties (SC)**.

Client Eligibility

To meet the financial criteria for most services through this program, individual or family gross income may not exceed 80% of AMI (area median income) for the area as determined by HUD. Persons who are infected with HIV and who are determined to need assistance with housing, or who need support services designed to prevent homelessness, are eligible to receive assistance through the HOPWA Program. Family members and significant others are also eligible under certain circumstances to receive services through the HOPWA Program.

A person who is determined by a health care professional to be infected with HIV is eligible to receive services through the HOPWA Program. There are no other medical eligibility criteria for this program.

Area of Service

Applying agencies or organizations are encouraged to demonstrate program collaboration with other agencies in the region, and to provide services to the greatest number of people possible in **Cabarrus, Gaston, Iredell, Lincoln, Mecklenburg, Rowan, and Union Counties (NC) and Chester, Lancaster, and York Counties (SC)**.

Eligible Agencies and Organizations

HOPWA funds will be made available only to organizations recognized as exempt by the IRS under Section 501 (c) 3 of the federal tax code. Government units, such as health departments, are also eligible. Please contact the Carolinas CARE office (704) 496-9581 if you have any questions.

Review Process

All applications will be received by the City of Charlotte and will be screened to ensure they are complete and meet the minimum threshold for review. A panel of City staff and community volunteers will review eligible applications based on the points noted in the "HOPWA Application Procedures" on Pages 5 and 6. All eligible applicants will be reviewed by the panel, and the panel reserves the right to make a site visit to the applicant's place of business.

Application scores; interview scores; site visit scores; and spending, and outcomes for previously funded agencies will all be equally weighted in consideration for funding decisions. Application, interview, and pre-decisional site visit scores will be equally weighted and utilized in funding decisions for new applicants

Note: HOPWA funds are distributed on a reimbursement-only basis.

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GUIDELINES, Continued
HOPWA Application

Specific Activities

- **Supportive services** include:
 - permanent housing placement (i.e. security deposits) (Bill for reimbursement of actual cost)
 - drug and alcohol abuse treatment and counseling (inpatient)**
 - housing case management (**bill at the rate of \$20 per 15 minute unit**)
 - adult day care, adult day health care, home mobility aids (Bill for reimbursement of actual costs)
 - hospice services (end-stage care)**
 - housing-related legal services**

- **Short-Term Rent, Mortgage, and Utility payments** to prevent the homelessness of the tenant or mortgagor of a dwelling. (Bill for reimbursement of actual cost)

- **Housing Information Services** include counseling, information, and referral services to assist an eligible person to locate, acquire, finance and maintain housing. This may also include fair housing counseling for eligible persons who may encounter discrimination on the basis of race, color, religion, sex, age, national origin, familial status, or handicap. (Billed at the rate of **\$20.00 per 15 minute unit of service**)

- **Project- or Tenant-Based Rental Assistance** rental and utility subsidies. * (Bill for reimbursement of actual cost) – This service is **ONLY** allocated for Iredell and Rowan Counties.

*All housing assisted under these specific activities must meet the applicable housing quality standards outlined on the next page.

**Please explain proposed billing amount and process in section J: Budget.

Based on our recent provider survey, we will consider Permanent Housing Placement and STRMU for higher priority in making funding decisions.

GUIDELINES, Continued
HOPWA Application

- 1) ***State and local requirements.*** Each recipient of assistance under this part must provide safe and sanitary housing that is in compliance with all applicable State and local housing codes, licensing requirements, and any other requirements in the jurisdiction in which the housing is located regarding the condition of the structure and the operation of the housing.

- 2) ***Habitability standards.*** Except for such variations as are proposed by the locality and approved by HUD, recipients must meet the following requirements:
 - (i) ***Structure and materials.*** The structure must be structurally sound so as not to pose any threat to the health and safety of the occupants and so as to protect the residents from hazards.
 - (ii) ***Access.*** The housing must be accessible and capable of being utilized without unauthorized use of other private properties. Structures must provide alternate means of egress in case of fire.
 - (iii) ***Space and security.*** Each resident must be afforded adequate space and security for themselves and their belongings. An acceptable place to sleep must be provided for each resident.
 - (iv) ***Interior air quality.*** Every room or space must be provided with natural or mechanical ventilation. Structures must be free of pollutants in the air at levels that threaten the health of residents.
 - (v) ***Water supply.*** The water supply must be free from contamination at levels that threaten the health of individuals.
 - (vi) ***Thermal environment.*** The housing must have adequate heating and /or cooling facilities in proper operating condition.
 - (vii) ***Illumination and electricity.*** The housing must have adequate natural or artificial illumination to permit normal indoor activities and to support the health and safety of residents. Sufficient electrical sources must be provided to permit use of essential electrical appliance while assuring safety from fire.
 - (viii) ***Food preparation and refuse disposal.*** All food preparation areas must contain suitable space and equipment to store, prepare, and serve food in a sanitary manner.
 - (ix) ***Sanitary condition.*** The housing and any equipment must be maintained in sanitary condition.

Procedures HOPWA Application

A complete proposal for the provision of HOPWA services must include the following: (Incomplete proposals will not meet the minimum threshold and will not be considered)

- I. HOPWA Project Summary – Please use the form included in this packet. – 10 points**
When complete, the *HOPWA Project Summary* must be signed by the agency’s Board Chair and Executive Officer. (Original signatures please)
- II. Narrative –Use a maximum of five (5) pages to describe your project.**
- A. Goals and Objectives/Program Plan (40 points)
 - a. Describe your program’s proposed **Outcome(s)**. Outcomes must be Specific, Measurable, Attainable, Relevant and Time-Bound, and should have an impact beyond completing activities.
 - b. **The Indicators** you will use during the year to monitor progress toward the outcomes; and
 - c. **The Strategies**, or specific action steps and activities, you plan to use to achieve your outcomes. This section must also include your Program Implementation Plan which includes:
 - i. Specific recruitment of HIV+ clients and marketing of program to potential clients/referral sources;
 - ii. how you will determine and document client eligibility; how you will decide which clients get assistance from your HOPWA funding
 - iii. The timeframe in which services can be completed (such as, how quickly deposit checks are written, how quickly eligible clients will be able to access substance abuse treatment, etc.)
 - B. Linkage to Care – (5 points) Please describe how you will determine if clients are linked to medical care and how you will assist clients who are not in HIV medical care. Linkage to care is essential to a holistic approach to HIV.
 - C. Demonstration of Need (5 points) Describe the conditions that apply in your community that makes your project necessary. How would your services to eligible clients be impacted if you were not awarded HOPWA funding?
 - D. Organizational Capacity (10 points) Describe your agency’s ability to implement the program you propose in terms of the agency’s history, staffing, position in the community, knowledge base and training of staff on HIV-specific topics, ability to identify and specifically serve HIV+ clients, and to advocate on behalf of people living with HIV. Also describe how successful you have previously been in providing housing services to people living with HIV. What were your proposed outcomes? What were your actual results? What was your impact?
 - E. Collaboration (5 points) Specify the agencies, organizations or individuals that will have a role in or be affected by the service you propose. Describe the specific function each will perform, and the nature of the commitment each makes, to ensure that your project will be carried out most effectively.
 - F. Geographic Region, Target Population, Number of Unduplicated Clients to be served (not scored) Specify which counties or communities your project will serve; If your

project will assist a specific segment of the population, please provide descriptive information; and indicate how many unduplicated clients the project will serve. (Include and specify numbers of those who are *infected* and *affected*, family members, or others as appropriate, both in total and broken out per service).

- G. **Outcomes (5 points)** For *previously funded agencies* – Please summarize your outcomes from FY2017 HOPWA program, including challenges and barriers, resolutions of those challenges, lessons learned, and how this will impact your program in FY2018.
For Non-Funded Agencies – Please summarize your agency outcomes from a program in FY17, including challenges and barriers, resolution of those challenges, lessons learned, and how this impacted your program going forward.
- H. **Evaluation (10 points)** Describe how your agency will measure the project’s effectiveness amongst the clients you serve. Please be specific: Who will conduct your evaluation? What kind of documentation will you provide to demonstrate the project’s effectiveness? How will this information be used?
- I. **Budget (10 points)** Indicate the amount of HOPWA funds requested to support the project. Indicate how the amount will be billed (units of service, actual cost, etc.) and how that amount was calculated, as well as what other support the agency has to provide services. Please also complete the budget page included in this packet.

III. Attachments -- These items *must* be included with your proposal. If all listed Attachments are not included or are not adequate, your proposal will not meet the minimum threshold and will not be considered.

- Budget plan for the funds requested. (Please use the *Project Budget* page included.)
- A minimum of three (3) letters of support from agencies or individuals who will be instrumental in your ability to carry out your project. ***These letters must be current and specific to this RFP and the program you are proposing.***
- List of the current Board of Directors of the agency with affiliations and contact information.
- Job description or resume of the staff and/or volunteers who will be involved in the project.
- A copy of the agency’s official notice of its 501 (c) 3 status.
- A copy of the agency’s most recent audit.
- Optional: Other relevant supportive materials.

Application Deadline

**Proposals must be received on or before:
Friday, March 10, 2017
5:00 PM**

**Wendy Bashore, City of Charlotte Neighborhood and Business Services
600 East Trade Street (Old City Hall)
Charlotte, NC 28202**

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**Summary
Instructions**

Before you submit your proposal, please make sure it includes the required information.

- I.** The **HOPWA Project Summary**, signed by the appropriate individuals;
- II.** The project **Narrative** which addresses items A through J on the previous page and does not exceed five pages in length;
- III. Attachments:**
 - Project Budget form
 - Letters of support
 - Agency Board of Directors
 - Job descriptions/resumes
 - Copy of 501 (c) 3
 - Copy of most recent audit
 - Other materials relevant to your program

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Faxed applications will not be accepted.

We are available to answer any questions you may have concerning the HOPWA Program.

For assistance, please call Shannon Frady at (704) 496-9581 or email

shannonw@carolinascare.org.

Carolinas CARE Partnership

HOPWA Proposal

Project Summary

Program Year 2017-2018

Agency Name _____

Street or P. O. Box Address _____

City _____, **State** _____ **Zip** _____

Telephone (_____) _____ **Fax** _____

Contact Person _____ **Title** _____

Email _____

1. Name the HOPWA service(s) to be provided through this project (Use the names as they appear on the *Service Descriptions* section of this packet).

2. Briefly describe your program plan and how your approach will address an identified community need specifically for people living with HIV.

3. Please indicate the geographic area to be served through your proposal.

4. Identify other agencies that will have an active role in your agency's project, and describe their role(s).

5. Identify the population(s) that will benefit from your project, and the number of unduplicated clients you plan to serve.

6. Describe the *Outcomes* you are proposing to achieve with this program. What will the *impact* of this program be?

7. Budget Information summary:

HOPWA funds requested for this project	\$ _____
Agency funds committed to this project	\$ _____
Project Total	\$ _____

8. Name and title of person who completed this application:

Name	Title
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9. Approval of Board Chair and Executive Officer:

We approve submission of this request for HOPWA funds via the Carolinas CARE Partnership. We certify that the applying agency or organization does not discriminate on the basis of race, color, age, sex or national origin. We understand that the signatures of both individuals certify approval of the full board of directors.

Board Chair	Title	Date
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Executive Director	Title	Date
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SAMPLE BUDGET

For assistance with this section, please refer to the HOPWA *Program Service Descriptions* pages attached to this RFP.

Services Provided	Cost Per Unit (or actual cost)	Number of Units of Service to be provided	Number of clients to be served (unduplicated # in parentheses)	HOPWA funds requested	Total Additional Funds Committed (please include sources)	Service Total
STRMU	\$400		10	\$3,000	\$1,000 - fundraiser	\$4,000
PHP	\$575		25	\$14,375	0	\$14,375
HIS	\$15	300	50 (15 unduplicated)	\$4,500	\$1,000 – county grant	\$5,500
		Totals:	50	21,875	2,000	23,875

BUDGET

For assistance with this section, please refer to the HOPWA *Program Service Descriptions* pages attached to this RFP.

Services Provided	Cost Per Unit (or actual cost)	Number of Units of Service to be provided	Number of clients to be served (unduplicated # in parentheses)	HOPWA funds requested	Total Additional Funds Committed (please include sources)	Service Total
		Totals:	*			

*Your number in this box should be *the total number of unduplicated clients*. If a client will likely receive more than one service at your agency, you should only count them once.

Please contact Shannon Frady, Executive Director, at shannonw@carolinascare.org for clarification of any aspect of this Request for Proposals.

Carolinas CARE Partnership

**Housing Opportunities for Persons with AIDS
(HOPWA)**

Program Year July 1, 2017– June 30, 2018

For

**Cabarrus, Gaston, Iredell, Lincoln, Mecklenburg, Rowan
and Union (NC), and Chester, Lancaster, and York (SC)
Counties**

Letter of Intent

Non-Mandatory and Non-Binding

**Please complete and return by email to wbashore@ci.charlotte.nc.us
by Wednesday, February 8, 2017**

Agency: _____

Contact person: _____

Phone: _____

Email: _____

By my signature, I am indicating:

___ We plan to apply for HOPWA funding for 2017-2018

___ A representative WILL attend the Q&A Session on Friday, February 10 at 10 am in the Wilmore Conference Room at Old City Hall, 600 E. Trade Street, Charlotte, NC 28202

___ We acknowledge the new process for proposal submission as outlined in the Request for Proposals.

Authorized Signature

Date